

01/09/09

**EPA REGION 10  
UNDERGROUND STORAGE TANK  
TRIBAL INSPECTOR  
INSPECTION FORM**

Passed Inspection:

Y N

Facility# 4260127Inspection Date 5/13/14 Time 8 AM to 9:10 AM GPS Reading \_\_\_\_\_Lead Inspector Wil Badanie EPA Reps \_\_\_\_\_

Other Tribal Environmental Office Reps \_\_\_\_\_

Facility Reps with Titles \_\_\_\_\_

(Note: Denote each Facility Rep name with \* to indicate to whom credentials were presented.)

Visual Documentation of Inspection: ☐ 35mm pictures ☐ Video ☐ Digital ☐ OtherFacility InformationLocation Name Wolf Den RestaurantOwner Kip Ransey III Operator Joel SmithOwner Contact 509-877-2552 Operator Contact 509-877-2552Address (Loc/Owner/Op) 61 West Wapato RdCity Wapato State WA Zip 98951 Phone \_\_\_\_\_

Address (Loc/Owner/Op) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Tank #	1	2	3	4	5	6
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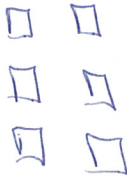
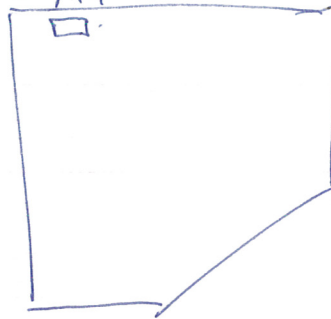
FINANCIAL RESPONSIBILITY☒ Meets FR requirements?☒ All tanks covered or (check which tanks are covered)Type: ☒ Ins ☐ Self ☐ PSTF ☐ Ltr Credit ☐ Sdbdy Trust ☐ LG Bond Rating Test ☐ LG Fin Test ☐ Other \_\_\_\_\_Issuing Entity: Crum & Forster Specialty Insurance Company Dates Coverage: 11/16/13 - 11/16/14Policy No. STP-100355In Required Format? ☒ Y ☐ NTANK STATUS

Manifolded (M) or Compartmented (C) Tank?				<u>C - C</u>		
Status (circle): <input checked="" type="radio"/> TOU <input type="radio"/> POU	<input checked="" type="checkbox"/> All or					
Date Installed:	<input checked="" type="checkbox"/> All or	<u>2006</u>	<u>2006</u>	<u>2006</u>	<u>2006</u>	
Tank Capacity (gal):	<input type="checkbox"/> All or	<u>20</u>	<u>20</u>	<u>10</u>	<u>10</u>	
Substance in Tank (specify grade if gas):	<input type="checkbox"/> All or	<u>D</u>	<u>Unleaded gas</u>	<u>Prem</u>	<u>Diesel west</u>	
Tank Material: BS CPS <input checked="" type="radio"/> FRP <input checked="" type="radio"/> DW ExL Lin	<input checked="" type="checkbox"/> All or					
Verified by: Visual Invoice Warranty Picture	<input type="checkbox"/> All or					
Emergency Generator Tank(s)? Y N	<input type="checkbox"/> All or					
Piping Material: GS CPS FRP <input checked="" type="radio"/> FlexP <input checked="" type="radio"/> DW SecC	<input checked="" type="checkbox"/> All or					
Verified by: Visual Invoice Warranty Picture	<input type="checkbox"/> All or					
Piping Type: Grav Pres SafeSuc U.S.Suc	<input checked="" type="checkbox"/> All or					
Date last used:	<input type="checkbox"/> NA <input type="checkbox"/> All or					
Closure Status: Removed In-Place Chg-in-Svc NA	<input type="checkbox"/> All or					

F	F	F
STP		
F		
STP	STP	STP



000ATG





Tank #	1	2	3	4	5	6
<b>RELEASE DETECTION - TANKS</b>						
<input checked="" type="checkbox"/> <b>Primary RD method present for ALL tanks &amp; meets specific performance standards as stated in 280.43?</b> <input type="checkbox"/> NA						
<input type="checkbox"/> <b>Manual Tank Gauging (MTG)</b>	<input type="checkbox"/> All or					
<input type="checkbox"/> <b>Tank Tightness Testing (TTT)</b> Last TTT date? _____ Passed? Y N	<input type="checkbox"/> All or					
<input type="checkbox"/> <b>Inventory Control (IC)</b>	<input type="checkbox"/> All or					
<input type="checkbox"/> <b>Vapor Monitoring (VM)</b> Site Assessment? Y N	<input type="checkbox"/> All or <input type="checkbox"/> All or					
<input type="checkbox"/> <b>Ground Water Monitoring (GWM)</b> Site Assessment? (i.e. 3' < gw < 20') Y N	<input type="checkbox"/> All or <input type="checkbox"/> All or					
<input checked="" type="checkbox"/> <b>Automatic Tank Gauge (ATG)</b>	<input checked="" type="checkbox"/> All or					
<input checked="" type="checkbox"/> <b>Interstitial Monitoring (IM)</b>	<input checked="" type="checkbox"/> All or					
<input type="checkbox"/> <b>SIR</b>	<input type="checkbox"/> All or					
<input type="checkbox"/> <b>Deferred (Emergency Generators ONLY)</b>	<input type="checkbox"/> All or					
<b>Tank primary RD method?</b> _____		<input type="checkbox"/> All or				
If TOU, does tank comply with RD requirements? Y N NA		<input type="checkbox"/> All or				
Amount of Product in Tank: _____ Water: _____						
Are hazardous substance USTs secondarily contained? Y N NA		<input type="checkbox"/> All or				
<b>RELEASE DETECTION - PIPING</b>						
<input type="checkbox"/> <b>Primary RD method present for ALL piping &amp; meets specific performance standards as stated in 280.44?</b> <input type="checkbox"/> NA						
<input checked="" type="checkbox"/> <b>ALLD (Pressurized Systems Only)</b>	<input type="checkbox"/> NA (Suction) Date of test: <u>5/01/14</u>	<input type="checkbox"/> All or <input checked="" type="checkbox"/> ELLD or <input checked="" type="checkbox"/> MLLD				
<b>Piping RD Primary Method?:</b> LTT <u>Monthly</u> NA		<input checked="" type="checkbox"/> All or				
<input type="checkbox"/> <b>LTT</b>	Date of test: _____	<input type="checkbox"/> All or				
<input type="checkbox"/> <b>Monthly Monitoring Method:</b> VM GWM IM SIR ELLD Sump Sensor Other _____		<input type="checkbox"/> All or				
<input type="checkbox"/> <b>Deferred (Emergency Generators ONLY)</b>		<input type="checkbox"/> All or				
<b>RELEASE DETECTION COMPLIANCE</b>						
Release detection systems operating properly? <u>Y</u> N <input checked="" type="checkbox"/> All or						
If applicable, are there monthly monitoring records (for tanks and / or piping) for the 2 most recent months and 8 of the last 12 months? <u>Y</u> N <input checked="" type="checkbox"/> All or						
Of the last 12 months monitoring records, how many months were reviewed? Tanks: <u>12</u> Piping: <u>12</u>		<u>12</u>	<u>12</u>	<u>12</u>	<u>12</u>	<u>12</u>
Go to page 5 to fill out the chart for each of the last 12 months.						
All non-passing results resolved? Y N NA		<input type="checkbox"/> All or				
If not resolved, was the implementing agency notified of a suspected release? Y N NA No release suspected		<input type="checkbox"/> All or				
Date of last release detection monitoring certification: _____		Contractor: _____				
If equipment installed within the last 5 years, is the third party evaluation(s) available? Y N NA						
For which equipment? ATG SIR IM Sensors ALLD Other _____ In Compliance with Evaluation? Y N						
ATG/IM/SIR Equipment Manufacturer/Vendor: <u>Vedco Root</u> Model: <u>TL-350</u>						
ALLD Equipment Manufacturer: <u>G-B PLD</u> Model: _____						



TANK #

1

2

3

4

5

6

**RELEASE PREVENTION - REPAIRS, CATHODIC PROTECTION & TANK LINING****Tank & Piping Repairs**

Any repairs to the UST system(s) being conducted or completed?

Y

N

☐ All orIf yes, were the repaired tank(s) and/or piping tightness tested within 30 days? (Note: Not required if repaired tank is internally inspected or if monthly monitoring is in use.) Y N NA ☐ All orSpill bucket replaced - Tank 1 / Diesel  
20000 gallon / 2013**Tank Lining**☐ Are any tanks internally lined? Y N NA ☐ All or☐ Tank lining inspected and in compliance? ☐ All or

Date of lining: \_\_\_\_\_

Date of PASSING internal inspection: \_\_\_\_\_ ☐ All or**Cathodic Protection** (Reminder: Even if the UST system(s) are FRP and/or flex, check to ensure that there are no unprotected metal connectors in the dispensers in contact with the ground on ALL UST systems.)☒ CP met on all tank(s) and piping, including metal flex connectors, swing joints, etc.? (Must answer regardless of system type.)☐ CP performing adequately based on testing results? --OR--☐ If CP is NOT performing adequately based on testing results, then was the CP system tested within the required period AND is the o/o now conducting or did the o/o complete the appropriate repair?

Any repairs to the CP system being conducted or completed? N Y NA If repaired, was the CP system re-tested? N Y NA

☐ CP on ☐ Tanks ☐ Piping ☐ Tanks & Piping ☐ All or☐ Impressed Current System ☐ All or

Installation Date: \_\_\_\_\_ Set at \_\_\_\_\_ amps

☐ Last 3 (60-day) rectifier inspection records? ☐ All or

System On? Y N Observed amperage of \_\_\_\_\_ amps

☐ Sacrificial Anode System ☐ All or**Cathodic Protection Testing Frequency**☐ Was a 6-month CP test conducted after installation or repair (if applicable)?Test Date: \_\_\_\_\_ ☐ All orCovers: ☐ Tanks & Piping ☐ Tanks ☐ Piping☐ Date of last CP test: \_\_\_\_\_ ☐ All orPassed? Y N Covers: ☐ Tanks & Piping ☐ Tanks ☐ Piping☐ Date of previous test: \_\_\_\_\_ ☐ All orPassed? Y N Covers: ☐ Tanks & Piping ☐ Tanks ☐ Piping**RELEASE PREVENTION - SPILL PREVENTION & OVERFILL PROTECTION**☒ Spill prevention devices present and functional?

Y

N

NA

☒ All or☒ Overfill prevention devices present and operational for each tank? (Specify which device(s) are in use below.)☒ Ball Float Valve - Operational? ☒ All or☐ Flow Restrictor (Auto Shutoff) - Observed? ☐ All or☐ Automatic Alarm - Operational & audible for delivery driver (i.e. did you sound it)? ☐ All or☐ Spill / Overfill NOT Req'd (transfer  $\leq$  25 gallons) ☐ All or

Inspector's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Notes: \_\_\_\_\_

Monthly monitoring records tanks and piping for interstitial defaulted back to dates when blackouts and fire occurred.

Months & years are out of order, however, ATG prints current records and passing.

NW Fuels System verified ATG is working properly by initiating tank test and interstitial on May 1, 2014, however did show ~~the~~ defaulted dates.

to keeping monthly monitoring records for the 0.2 bph tank test leak, is also printing defaulted dates.

ATG - All sensors normal

Release Detection Records for the Last 12 Months:

Year	Month	Tank 1 / Piping 1	Tank 2 / Piping 2	Tank 3 / Piping 3	Tank 4 / Piping 4	Tank 5 / Piping 5	Tank 6 / Piping 6
2014	Jan	P / P	P / P	P / P	P / P		
	Feb	P / P	P / P	P / P	P / P		
	March	P / P	P / P	P / P	P / P		
	April	P / P	P / P	P / P	P / P		
2014	May	P / P	P / P	P / P	P / P		
2013	June	P / P	P / P	P / P	P / P		
	July	P / P	P / P	P / P	P / P		
	August	P / P	P / P	P / P	P / P		
	Sept	P / P	P / P	P / P	P / P		
	Oct	P / P	P / P	P / P	P / P		
	Nov	P / P	P / P	P / P	P / P		
2013	Dec	P / P	P / P	P / P	P / P		

For each tank and associated piping (if applicable), note whether the test result passed (P), failed (F) or was invalid (I). If there are results for both tanks and piping for a particular month, state both results in the same box (i.e. "T - P, P - P" for a monthly result for a tank and its piping both passing).

## Summary & Conclusions:

(In addition to providing a summary on whether the facility was in compliance with financial responsibility, release detection and release prevention requirements, summarize what was said to the owner / operator regarding any deficiencies / potential violations found. Specify if any data was missing and any actions that are to be taken. State what kind of compliance assistance was given and any suggestions or recommendations that were given to the owner / operator. Finally, state whether any further action is needed, and if so, what and by whom.)